Cite as:
Misca, G., Walker, J. and Thornton, G. (2022) Families and the COVID-19 pandemic: Perspectives from the UK, in Fronek, P and Rotabi, K. S. (eds) *Social work in health emergencies: a global perspective*. (Routledge).

Chapter 8[1]

Families and the COVID-19 pandemic: Perspectives from the UK

by
Gabriela Misca, Janet Walker and Gemma Thornton

Families experienced varying levels of stress and adaptation in lockdown conditions. Photograph courtesy of Relate UK

[1] Forthcoming in: *Social work in health emergencies: a global perspective*. Editors P. Fronek, and K. S. Rotabi (Routledge).

Cite as:
Misca, G., Walker, J. and Thornton, G. (2022) Families and the COVID-19 pandemic: Perspectives from the UK, in Fronek, P and Rotabi, K. S. (eds*) Social work in health emergencies: a global perspective*. (Routledge).

Families and the COVID-19 pandemic: Perspectives from the UK

Gabriela Misca, Janet Walker and Gemma Thornton

This chapter focuses on the impacts of the pandemic on individuals and families in the UK, with a specific focus on keyworkers. We present emerging research and the early findings from an ongoing study, "Families un-locked", with a specific focus on how frontline keyworkers have coped during the pandemic and the impacts on their families. The chapter takes a family resilience perspective and highlights implications for future research and practice.

COVID-19 and the UK context

By May 2021, more than 4.4 million cases of COVID-19 had been recorded in the UK and over 127,000 people had died within 28 days of testing positive (BBC, 2021. The emergence of new variants extended lockdowns, reinforcing the need for governments to impose continued restrictions. While lockdowns had the desired impact of reducing the spread of COVID-19 in the UK, there were wide-ranging consequences for families whose freedoms were severely curtailed, necessitating adaptation to a 'new normal'.

As the virus took hold a vaccine was regarded as the only way to beat the pandemic and open up the world economy. Two vaccines were approved by December 2020, Astra Zeneca and Pfizer, allowing the roll-out of a widespread vaccination programme. Between December 2020 and April 2021, the UK had given the largest number of vaccine doses per 100 people in the world, just ahead of the US (BBC, 2021). The Westminster Government aimed to vaccinate the entire adult population by the end of July 2021 to reduce the spread of the virus and death rate, and release UK citizens from months of heavy restrictions on their daily lives. There were, nevertheless, continued warnings from health and scientific experts that the pandemic would continue. Hopefully, citizens could live with it, by probably receiving booster vaccinations every year and maintaining some physical distancing measures.

The impacts on UK families

While every individual has their own story about life during and after the ravages of the pandemic, emerging evidence on a number of key impacts were prevalent across society, irrespective of an individual's or family's personal circumstances, and we refer to these in turn.

Cite as:
Misca, G., Walker, J. and Thornton, G. (2022) Families and the COVID-19 pandemic: Perspectives from the UK, in Fronek, P and Rotabi, K. S. (eds*) Social work in health emergencies: a global perspective*. (Routledge).

Inequalities and ethnicity

While the coronavirus was no respecter of geographical boundaries or ethnicity, evidence of social inequalities in relation to COVID-19 emerged in Spain, the USA and the UK (AQuAS, 2020; Bambra et al., 2020; Chen & Krieger, 2020). Data from England and Wales found that people from Black, Asian and minority ethnic groups accounted for 34.5% of 4,873 critically ill COVID-19 patients in the period ending April 16, 2020, yet only 14% of the population of England and Wales are from these backgrounds (ICNARC, 2020).

The interaction between racial and socio-economic inequalities and the increased risk of mortality amongst COVID-19 patients from Black, Asian and minority ethnic groups became obvious as the pandemic continued, due to inequalities found in the social determinants of health, the conditions in which people live and work (Bambra et al., 2020). For example, lower-skilled occupations and occupational inequalities were associated with an increased risk of contracting COVID-19 and increased mortality. Black and Asian minority ethnic groups are disproportionally represented in lower-paid jobs, such as in the service sector including cleaning, retail, delivery services, and public transport. While the majority of workers were asked ~~t~~o work from home during the pandemic, those in lower-paid jobs were designated as key/essential workers and required to go to work. Not only were the Black and Asian minority ethnic groups at higher risk of contracting COVID-19, they had higher exposure to it than those who could work from home. Health inequalities were further aggravated by poor housing and overcrowding, and repeated and lengthy periods of lockdown meant that these problematic conditions were worse for families living in deprived urban communities.

Death in isolation and unresolved grief

The most evident impact has been the high death rate. For the families and friends of those who died, life changed irreversibly. One of the most upsetting consequences of the pandemic was isolation from family. Relatives were prohibited from visiting family members admitted to hospital and the elderly people in care homes for fear of the disease spreading. By prohibiting visitors to hospitals and care homes, thousands of people died without loved ones being with them or allowed to say goodbye.

Furthermore, because funerals could only be attended by very few people, many family members and friends were prohibited from paying their respects and sharing in the normal end-of-life rituals. Death took people away with little opportunity for families to grieve together. One funeral company described the “emergence of a pandemic of unresolved grief and loss, the effects

of which will take years to heal" (Co-Op Funeralcare, 2020). This way of death in modern society has been described as cruel and inhuman, and the psychological cost will be felt for many years to come.

Managing underlying health conditions and shielding

People with underlying health conditions were at particular risk; deemed vulnerable and required to shield, they and often those caring for them were not allowed to go out for essential food shopping or minimal exercise for months on end. A study by Westcott et al. (2021) of cystic fibrosis sufferers found that anxiety levels rose during the period of lockdown, although most participants coped well. Shielding was shown to have had a disruptive effect on people's independence, confidence, social relationships, education and employment. Participants who were relatively young may have developed resilience as a result of managing their medical problems in everyday life and be able to adapt more readily to restrictions, and to stay connected with friends via social media (Westcott et al., 2021). Despite having well-developed coping strategies, the researchers recommended that wellbeing and mental health assessments of people with underlying health conditions should form part of standard clinical care.

In June 2020, the British Association of Counselling and Psychotherapy reported that 35% of those shielding said their mental health worsened during the pandemic, and that this percentage was higher amongst those aged over 60 (Kinmond, 2020). Increased feelings of uncertainty and lack of control emphasised the importance of offering therapeutic support.

In March 2021, a charity involved with supporting people with disabilities warned that the impact of shielding would continue long after restrictions are lifted (SCOPE, 2021). Those shielding and living alone had to manage reductions in support provided by carers and the risk that carers might be carriers of the coronavirus. Moreover, those shielding have had very limited possibilities to engage in physical exercise, with negative impacts on physical health with knock-on negative impacts on mental health. SCOPE indicated that people who had been shielding may take a while to feel safe going outside and will need support in improving both their physical and mental health.

Isolation and loneliness

Pandemic mitigation measures increased the loneliness and isolation of people living alone, many of whom were isolated from family and friends during lengthy periods of lockdown (Mental Health Foundation, 2021). Although no substitute for human contact and the warmth of human touch, technology which supports contact via Zoom calls and FaceTime enabled many people to stay in contact with family and friends.

The Office for National Statistics (ONS) in the UK has been researching people's well-being and social inequalities for nearly a decade. During the first month of lockdown in April 2020, the

equivalent of 7.4 million people said their well-being was affected by feeling lonely (ONS, 2020). Working-age adults living alone were more likely than the average to report loneliness both “often” or “always” over the past seven days, as was the case for those in "bad" or "very bad" health in rented accommodation, or those who were either single or divorced/separated. Using measures which distinguished between chronic loneliness and lockdown-loneliness, the data revealed that people in Great Britain who were married, cohabiting or in a civil partnership were less likely than the average to report either chronic or lockdown loneliness, while those who were either single or divorced/separated were more likely to say they had been lonely. The findings suggest that younger people and those living alone were at the greatest risk of lockdown loneliness. This is not surprising and indicates that household composition and relationship status are associated with loneliness. As early as the first month of lockdown, when people in the ONS survey were asked about their biggest concern, those described as chronically lonely and those who were lockdown-lonely cited the impact of the pandemic on their wellbeing as the single biggest concern. As the pandemic and the restrictions on daily living continued into 2021, long-term loneliness was associated with an increased risk of mental health problems, including depression, anxiety and severe stress.

Mental health concerns

The social isolation and physical distancing rules had a differential impact on individuals and households, with some managing to flourish despite restrictions on personal freedoms while others became increasingly distressed. The emerging evidence suggests that mental health issues escalated, and domestic abuse increased. In April 2020, the World Health Organization warned that new restrictive measures, such as self-isolation, lockdown, and quarantine may lead to an increase in loneliness, anxiety, depression, insomnia, harmful alcohol and drug use, self-harm, or suicidal behaviour (WHO, 2020). A study undertaken in Italy, Spain and the UK using a number of standardized measures of mental health estimated that around 42.8% of the populations in these countries were at high risk of stress, anxiety, and depression as a result of economic inactivity and their exposure to negative economic shock, and suggesting that the consequences on mental health would be worse in developing countries (Codagnone et al., 2020).

A narrative review by Fegert et al. (2020) looked specifically at the mental health consequences for children and young people. They found that numerous mental health threats for children and young people are associated with the pandemic and subsequent restrictions. They urged child and adolescent psychiatrists to ensure continuity of care during all phases of the pandemic. In their view, the mental health risks would disproportionately affect children and adolescents who were already disadvantaged and marginalized. They suggested that more research

was required to assess the longer-term implications of the restrictions on the mental health of children and young people.

Nine months into the pandemic, data published by the Mental Health Foundation (2020) indicated that almost half of the UK population had felt anxious or worried in the previous two weeks, rising to 64% in people with pre-existing mental health conditions. A quarter of people reported feeling lonely, and feelings of loneliness were higher in younger people and the unemployed, full-time students and single parents. The study also reported that almost half the people were feeling unable to cope with the uncertainty of the pandemic, a quarter were worried about coping with self-isolation, and nearly half were worried about the mental health of their children. The indications were that the longer the pandemic continued, the greater the worries people had about the impact on their wellbeing.

Family violence

Lockdowns around the world led to an increase in cases of domestic violence where women and children had no escape from their abusers during quarantine (Abramson, 2020; Chandra, 2020; Graham-Harrison et al., 2020; Kumar, 2020). Kumar and Nayar (2020) argued that providing psychosocial support for individuals and families would be increasingly important. For some, the financial hardships of redundancy and unemployment were themselves triggers for mental ill-health, extreme worries about the future and increased domestic abuse.

In November 2020, police in England and Wales recorded crime data showing an increase in offences of domestic abuse during the pandemic (ONS, 2020). While it cannot be determined whether this increase was directly attributed to the pandemic, the Metropolitan Police in London recorded an increased number of calls relating to domestic abuse during lockdown likely due to families spending more time together at home. There was also an increase in the demand for domestic abuse victim support services, especially via helplines. The ONS data showed that between April and June 2020, the number of offences flagged as domestic abuse by police increased each month, coinciding with the first lockdown period, and then with the easing of lockdown from May onwards when it may have been safer to contact the police.

The Centre for Women's Justice (CWJ, 2020) reported that increases in domestic abuse were evident around the world, including in China, the US, Brazil, France, Australia and the UK. The CWJ pointed out that confining people under one roof for long periods of time was a key factor in the rise of domestic abuse. In addition, the ability of victims to seek social and practical support was severely limited by the stay-at-home restriction. Even in families with no history of domestic abuse, the pressures of coronavirus and lockdown restrictions led to tensions which resulted in abuse

(Sharma Borah, 2020). The United Nations referred to the rise in domestic abuse during COVID-19 as a "shadow pandemic", reported further in Chapter 7 (BBC, 2020).

Parents with children at home

Families with dependent children, especially those living in smaller spaces, had other challenges to overcome. While they were less likely to experience intense isolation and loneliness during lockdowns, they had to manage every aspect of life within the confines of their home, including home-working and home-schooling. Juggling work, parenting and educating children was a particular challenge for parents, especially for lone-parents and those with limited or no access to computers. Only children of key/essential workers and children with special needs were able to attend school during the pandemic. The majority had to stay at home, often with limited space in which to study and to play. Families with access to outside spaces had a significant advantage over those living in apartment buildings with no easy access to the outside world. Bedrooms and kitchens became offices and school rooms, with little of the normal routines that separate home life from work and school. This was extremely difficult for children with special educational needs unable to comprehend the restrictions, and for parents who themselves were disabled or suffering physical or mental ill-health. Parents had to find new ways to maintain healthy boundaries for their children and relate to them appropriately, particularly in lockdown.

Advice for parents became available online with tips for healthy parenting routines. Many schools helped parents with home-learning and the Westminster government provided laptops to assist with children's education. It will be some time before the impacts of lockdown on family life and children's education will be fully understood.

Impact on frontline and keyworkers

The UK has not had to resort to mass graves for coronavirus victims as was necessary elsewhere but death with dignity was severely lacking. The restrictions on how the end-of-life was managed have had long-lasting consequences for front-line workers, especially health and social care professionals who nursed and cared for very sick people day in and day out, watching large numbers of people die. Personal testimonies illustrated the profound feeling of helplessness amongst care workers, nurses and doctors. Health and social care professionals had to balance COVID-safety and protecting their own well-being with the need to provide continuing support and intensive care to sick and vulnerable people.

Concerns about the wellbeing of frontline workers have been expressed in many countries. The families of first responders in China, for example, were found to have increased concerns about the safety of the person working on the frontline (Li et al., 2020). Sleep problems and anxiety

symptoms were common (55% and 49% respectively) and higher levels of depression and PTSD were indicated compared with the rest of the population. Two US physicians, Kusin and Choo (2021), highlighted the challenges faced by parents on the front-line, describing the ways in which work and home lives became intertwined and disrupted. Parents lost their regular childcare and worried constantly about the risks of the disease penetrating their homes. They described how their daily routines changed with less focus on personal hygiene, disrupted sleep cycles and a sense that they were 'just surviving'.

Emerging findings from the "Families Un-Locked" study

There is no doubt that the pandemic has had socially, psychologically and economically devastating impacts across the globe, and that the UK has suffered a greater incidence of disease and more deaths per head of the population than many other countries. The world picture in 2021 remains serious, with new waves in Europe and rising death rates in countries such as Brazil and India. COVID-19 is expected to continue to threaten lives and livelihoods for a long time to come, certainly until the world population has been vaccinated. There is widespread belief that daily life will never return to pre-pandemic norms. It is within this context of this serious, highly infectious and deadly disease, capable of endless mutations, that we consider the evidence relating to how families and individuals adapted to serious stress, drawing on data from an ongoing UK research study (Misca, 2020, 2021; Misca & Thornton, 2021).

The *Families Un-Locked* study led by Dr Gabriela Misca at the University of Worcester in partnership with Relate (www.relate.org.uk) was launched in August 2020 to collect longitudinal data through repeated surveys on the medium and long-term effects of pandemic-related stressors on families and relationships. It is employing a mixed method design, eliciting participants' reflections and recollections of their behaviours and feelings during the first and strictest lockdown from March to June 2020. Data were collected post this lockdown, through a purposefully designed survey. Given the exploratory nature of the study and the unprecedented circumstance of the lockdown, this included questions about respondents' relationships in general, during the lockdown and the following period, and assessing key variables related to family and relationships, coping, health and wellbeing (Misca & Thornton, 2021, for description of study methodology). Since November 2020, the study is being concurrently replicated in in Australia with colleagues from Griffith University and Relationships Australia to enable international comparisons.

Research data reported in this chapter were collected during the first phase of the study (August-November 2020), see Misca and Thornton (2021), and comprised 772 participants'

retrospective self-reports about their use of positive and negative coping (behaviours, feelings) during the first lockdown as compared to before the pandemic.

Focus on keyworkers

Here we focus on data from a sub-sample of keyworkers. Out of the total sample (N=772), 30% (n=206) of respondents reported that during the first lockdown they were employed as "keyworkers" who continued to work in health and emergency services, social care, including care for the elderly, police and fire rescue, education and childcare as well as transport, food processing and essential provision. Just over a quarter of the keyworkers (26%) worked in frontline care. The vast majority of keyworkers were in a couple relationships (85%), and just under half (44%) had a partner working as keyworker, in "dual-keyworker" couples.

In order to compare keyworkers' couple relationships and parenting with those who were not in keyworker roles during lockdown, we split the couples in the overall sample (n=631) by keyworker status: 14% of respondents were in dual-keyworker couples; 32% of total couples were in partnerships with one keyworker, and in 54% of all couples neither partner was a keyworker. Almost two-thirds (64%) of dual-keyworker couples and almost half (45%) of couples with one partner employed as a keyworker had children under 18 living in the same household. By contrast, just under a third (31%) of non-keyworker couples had dependent children. By using the (reduced) school provision for keyworkers' children during lockdowns, keyworker families experienced a higher risk of exposure to COVID-19 - via increased physical contacts through both their work and their children's school attendance, thus adding to the sources of stress experienced by keyworker families.

Around a third of respondents who were in keyworker couples (44% of dual- and 33% of one-keyworker couples) reported a pre-existing diagnosis of a mental health condition compared with 35% of non-keyworker couples. When comparing these couples, the strain on keyworker couple relationships was evident, with significantly more dual-keyworker couples (45%) and one-keyworker couples (39%) arguing more (X^2 =14.759, df=6, p<.022). Also, more dual-keyworker couples reported that they had been growing apart (43%) and had felt tension/strain (68%); and almost half (45%) felt less positive about their relationship and less close than the one-keyworker and non-keyworker couples, although these differences did not reach statistical significance in our sample, they are important findings. Moreover, a third of dual-keyworker couples agreed that "things were bad already and the lockdown has made it worse" and almost half (47%) agreed that "lockdown put a real strain on our relationship".

Cite as:
Misca, G., Walker, J. and Thornton, G. (2022) Families and the COVID-19 pandemic: Perspectives from the UK, in Fronek, P and Rotabi, K. S. (eds*) Social work in health emergencies: a global perspective*. (Routledge).

The impact of the pandemic on keyworkers' families

An analysis of the qualitative data revealed the extent to which keyworkers highlighted the impact of lockdown on their mental health, due to a double effect of heavy, stressful workloads and the absence of the (usual) support mechanisms due to lockdown. Comments such as the following were common: "Vastly increased workload. Extreme tiredness. Re-occurrence of stress and anxiety. Unable to do the things that help me manage my mental health" (education keyworker).

People referred to the impact of frontline work stress spilling into their couple relationships, particularly salient in the testimonies of dual-keyworker couples: "My husband's job being very stressful and us not getting on and not supporting each other" (NHS dual-keyworker couple), and; "Not feeling like we're a team in our marriage. Feeling criticised" (social care keyworker), and, "My partner and I both struggled and were not able to support each other" (NHS dual-keyworker couple). Some keyworkers lived apart from family members to keep them safe, but this added to the stress of the family left at home: "Missing my husband who was [isolating] in a hotel for 8 weeks" (partner of NHS keyworker).

Although comparisons between keyworker and non-keyworker parents did not reach significance, more non-keyworker parents reported feeling overwhelmed by their childcare responsibilities (78%) and felt anxious about their children's education (85%). The children of many keyworkers were able to attend school during lockdown unlike most other children. Keyworker parents spoke vividly about the difficult choices that they had to make: "Feeling like I'm not a good parent, not giving enough attention - not doing as well as I can in my job - ignoring my child so I can do my job" (social care keyworker). Some parents described the inadequacies of the support they received for their children, and while home-schooling was often referred to as a struggle by parents generally, keyworker parents saw it as a luxury they did not have:

> "Being a keyworker and my children going to 'daycare' at school where they were not taught but 'supervised' in their learning. Not being able to home-school because of work. I strongly believe that keyworkers' children were disadvantaged during lockdown as we did not have the luxury of home-schooling."

Keyworker parents also spoke about the support they gave their children to cope with the unusual situation of going to school by themselves:

> "Holding down a stressful job and being a mum to two children who coped so well attending school despite none of their friends being there. Instilling confidence in my children so that they could attend school during lockdown and cope with this change" (social care keyworker)

At times they felt compelled to "hide" their own stress and to be there for their children: "Keeping up appearances for my children - hiding anxiety/stress. Talking things through with older child [3yrs]. Making good use of the spare time - activities with children, tidying, de-cluttering house" (NHS keyworker).

An NHS keyworker in a dual keyworker couple spoke about the compound effect of the strains they felt due to demands of their work while protecting themselves and their families, children and friends:

> "Not feeling supported/understood by my partner when having to isolate for two weeks with the children. Not feeing able to carry out my job…Not seeing family members or support friends in person. Trying to filter what the children are exposed to re the virus while continuing to send them to nursery. Allowing others (friends/family/colleagues) to express their anxieties to me without being consumed by them or disregarding them. Seeing other people lose loved ones" (NHS keyworker).

And,

> "Volunteering to work on COVID ward in NHS. Difficult with thirteen patients with dementia and COVID and making sure they were all happy and comfortable with minimal staffing levels. Partner furloughed and drinking alcohol whilst I am working from home" (NHS keyworker)

Like other families, keyworkers worried about their extended families: "My elderly father was critically ill in another country (India) and I couldn't visit him due to fear of COVID and entry restrictions." (NHS keyworker); "Unable to visit parent in care home. Unable to visit parent in hospital. Unable to visit sibling at home. Supporting son through A level cancellation. Supporting husband through changes in job situation/furlough period. Added workload in job" (social care keyworker).

They also worried about passing the virus to their families: "Caring for my mum who was shielding, concerned I would carry virus into her home" (NHS keyworker). "I am an ITU [Intensive therapy Unit] nurse. Wearing PPE - feeling claustrophobic/panicky. Worried about passing COVID to the people I love." (NHS keyworker). It was also difficult to see their families worrying for them: "Seeing [my] elderly parent worry for my health" (social care keyworker).

Nevertheless, keyworkers spoke about their jobs as a source of strength and 'doing one's duty': "As a keyworker in school I have just kept going, even through holidays. I've been tired but just kept on going. I felt like I was making a difference and doing my bit for the national cause." (education keyworker)

However, some felt let down by their employer and by the government: "I feel less cared for by my employer" (social care keyworker); "Frustration at Government in Westminster" (Police keyworker). Keyworkers also spoke about burn-out: "Tired during days off due to 15-hour days when working" (NHS keyworker); "After six months of lockdown I am feeling burned out" (NHS keyworker). While some shared what can be interpreted as signs of 'moral injury':

> "[I felt] guilty for colleagues who were on the front line during the lockdown (NHS). I saw very poor leadership...Flip flopping advise e.g. mask, no mask mandatory, holiday travel quarantine vs no quarantine, counting COVID deaths & understanding of COVID virus infection management." (NHS keyworker).

The impact of the COVI-19 pandemic through a "family resilience" lens

While the negative impacts of the pandemic have been considerable, adapting to and coping with severe restrictions on daily life over many months was a challenge for everyone, irrespective of their living arrangements. The ability of families to cope with stress is a core factor indicating whether a family is functional. Resilient functioning requires the maintenance of healthy relational boundaries which are neither enmeshed nor entirely rigid. Patterns and levels of family functioning before the pandemic will have influenced how family members coped and adapted to the challenges. Some families coped better than others, and individuals within the same family unit varied in their level of coping behaviour. The ability of the family unit to provide emotional guidance and support is key for successful functioning and the extent to which the family is able to navigate unprecedented circumstances (Walsh, 2016, 2020).

In order to explore the impact of the pandemic on family life it is helpful to perceive family units as interconnected individuals who are reliant upon one another, thus framing the impact as primarily affecting individuals and then feeding into their family systems. This flow from context to individual into the shared system is multidirectional; the family system affects members, who then operate as individuals in the wider societal context. Family functioning affects its members and is, in turn, affected by them connecting various interpersonal relationships with wider contextual factors such as poverty, psychological and physical health, employment, caring responsibilities, inequalities, and the practicalities of everyday life.

It is important for social workers to understand how far families are able to provide hope and how many foster despair and stress. We can expect the feelings and reactions of each family member to influence the feelings and reactions of others in the same household, even when individuals create a distinct and separate life. We have long understood that family members are influenced by circular and continual interchanges of emotion (Ackerman, 1972).

Cite as:
Misca, G., Walker, J. and Thornton, G. (2022) Families and the COVID-19 pandemic: Perspectives from the UK, in Fronek, P and Rotabi, K. S. (eds*) Social work in health emergencies: a global perspective*. (Routledge).

Family vulnerabilities

Families are normally regarded as a place of safety, of nurturing and support where the effects and experience of a crisis, such as the pandemic, intersect with individual, situational and circumstantial factors. Not all homes offer a safe haven as the evidence about domestic abuse has revealed. The Archbishop of Canterbury drew attention to this before the pandemic: 'In almost all circumstances of human life, the greatest source of hope and the main location of despair, is found in the family' (Welby, 2018, p. 63).

Individuals and families in the UK were differentially equipped to face the threat of coronavirus, and we would expect those with the most social, economic, and psychological assets to be more likely to fare well (Walsh, 2020). Families who had built up resilience through weathering previous crises had a greater ability to find positives which strengthen bonds and clarify priorities (Walsh, 2016). Conversely, the Children's Commissioner for England report (2020) pointed out that pre-existing vulnerabilities were exacerbated during the pandemic with poverty, unemployment, mental health issues and domestic abuse all increasing to varying extents due to the pressures which arose during the crisis. The report discussed the toxic trio of domestic abuse, addiction and severe parental mental health issues as affecting 2.2 million children in England prior to the pandemic and demonstrated how this situation increased. The report recommended the prioritization of contact with social workers and children's centres but professional contact with families was thwarted by the 'stay at home' rule which prevented home visits. Cessation of contact by social work professionals is likely to have increased the risk of harm.

By examining the stresses and the ways in which families coped with them we can develop a picture of relative resilience and consider how professionals can best help people adapt to new circumstances. A survey conducted in June 2020, as the UK population was emerging from the first lockdown, found that disadvantaged groups reported more suicide ideation (Kousoulis et al., 2020). The researchers drew mixed conclusions. The majority of people had coped with a difficult experience and demonstrated a measure of resilience in meeting challenges. Disadvantaged groups were more likely to have experienced increasing pressure and deterioration in their circumstances. The Mental Health Foundation report (Kousoulis et al., 2020), concluded that in addition to the provision of mental health services, the social determinants of wellbeing need to be recognised and societal inequalities reduced.

The UK Household Longitudinal Study (Daly et al., 2020), a large cohort study, found vulnerability and resilience to be influenced by factors such as gender, employment and pre-existing challenges including financial insecurity and lone parenthood. Xue and McMunn, (2020) reported

that women were completing more housework and childcare during the pandemic, on average 15 additional hours per week, and most couples did not reduce their employment hours even though the majority were working from home. Women reported higher distress than men related to the number of additional hours spent on household responsibilities. In families in which men contributed more to household activities, both partners reported lower distress. A picture emerges of households in which partners support one another through a more equitable approach to household responsibilities, reporting better functioning, suggesting that resilience is increased through connectedness and mutual support (Walsh, 2016).

Parenting during the pandemic

Becoming responsible for education through home-schooling presented many parents with novel challenges. The majority chose to exercise, spend time outdoors and access green spaces as a way of coping. These positive coping choices reflect a resilient organisational process of flexibility to adapt, with families doing what they could under restrictive circumstances. Daly et al. (2020) reported that 96% of parents experienced improved or consistent relationships with their children and 97% reported close or very close relationships with their children. Protective factors included financial security and the appropriate space to work at home effectively, while lone parents tended to report increased financial vulnerability, although 25% of those who were in deprived circumstances still reported improved relationships with their children. Cheng et al. (2021) found that working parents indicated higher financial distress and poorer wellbeing than adults without children, highlighting the additional responsibilities experienced by parents.

Parents' reactions to change are likely to determine children's experience and reactions. Crescentini et al. (2020) examined the link between parental coping and its impact on children in Italian families and found that parents who felt depressed and anxious reported that their children displayed similar symptoms. Significantly, nearly a quarter of parents reported moderate to severe post-traumatic stress symptoms. Parents with children with more complex additional needs reported increased stress for themselves and more psychosocial problems for children. These findings were replicated in families with pre-existing mental health diagnoses (Misca & Thornton, 2021), single parent families and low-income families, reflecting similar findings from a study in the UK (Cheng et al., 2020). Unsurprisingly, the research suggested that families with more coping resources reported better well-being than those with fewer resources.

Spanish parents who reported distress and feeling depressed or anxious, were found to adopt more avoidant parenting practices, with less structure and focus for children in their everyday life (Romero et al., 2020). When parents identified as being vulnerable, specifically showing anxiety

and depression, their children's behavioural changes were characterised as displaying conduct problems, emotional problems and hyperactivity. Conversely, parents who reported lower stress and fewer difficulties with their children were likely to have engaged in more daily activities and spend greater time on home-learning (Romero et al, 2020). Children coped well when parents were able to offer structure, attention and care, adapt to the circumstances and manage their own emotions.

Parental coping is clearly a predictor of children's wellbeing. Evandrou et al. (2021) also examined whether conflict and stress increased when family members had moved due to the pandemic. They found that conflict had increased when households had changed, despite the reasons for doing so being varied, such as students returning home from university, or grandparents moving in to help with childcare. These families reported higher inter-personal conflict and stress than families whose living arrangements were unchanged.

Protective factors: Religiosity/ spirituality

Spirituality has been identified as an important factor in the development of resilience (Walsh, 2016). Outlining the multitude of losses experienced during the pandemic: deaths, physical contact, livelihoods, hopes, dreams and normalcy, Walsh (2020) underlines how belief systems are key to how the pandemic has been understood, constructing meaning through familial lenses. Core beliefs help family members seek a new sense of adjusted reality. Organised religion provides a belief system present within the family system and in the religious structures and practices outside the family. Attending online church services was far higher than would normally be the case for services in church. The Archbishop of Canterbury's Easter sermon in 2020 had a combined audience of more than 5 million. One study (Centre for the Study of Christianity and Culture, 2021) found that the closure of churches in the UK had a serious negative impact on individual and societal wellbeing.

Looking to the future

The coronavirus pandemic has had enormous impacts on all individuals and families and the consequences may linger for years to come. Furthermore, the death rates amongst Black and Asian minority ethnic groups has shone a spotlight on racial inequality in the UK. A report published in March 2021 from the Commission on Race and Ethnic Disparities highlighted acute geographical inequality, with the most concentrated pockets of deprivation being among ethnic minority groups, particularly those of Pakistani, Black Caribbean and Black African heritage. The Commission also commented that, contrary to popular belief, ethnic minority groups have high levels of aspiration, resilience and optimism.

COVID-19 has exposed the nation to individual loss and collective trauma, unprecedented since the Second World War. As the pandemic spread, increased concerns were expressed by social

care and health professionals about the mental health consequences. The pandemic has drawn attention to the differences which influence coping and resilience. Recognising these is very important for those practitioners working in social care. Individuals and families experiencing mental health issues, living in poor and overcrowded homes and without adequate financial resources found it much harder to be resilient.

The pandemic has increased the level of community support which has been organized and offered to individuals and families unable to manage everyday life. Charities have encouraged local initiatives and volunteers have shown remarkable kindness. Families have also had to care for others in ways which they may not have done previously.

It is important to note, however, that the research emerging during the pandemic was for the most part confined to studies conducted remotely using internet surveys. The potential implications of this are that participants were more likely to share certain characteristics: IT literacy, internet access, less chaotic home lives, time available, and willingness to take part in research. It is probable that some groups are less well represented in the data, limiting the generalisability of conclusions. Further research is essential.

Reflective questions

1. What were the impacts of the pandemic on families in your country?
2. As keyworkers, what effective self-care practices should social workers adopt?
3. What are the limitations of emerging research on the impacts of the pandemic on families?

References

Ackerman, N. W. (1972). *The psychodynamics of family life: Diagnosis and treatment of family life*. Basic Books: U.S.

AQuAS. (2020). *Coronavirus SARS-Cov-2 interactive map*. Catalan Agency for Health Quality and Assessment. http://aquas.gencat.cat/.content/IntegradorServeis/mapa_ covid/atlas.html

Bambra, C., Riordan, R., Ford, J. & Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *Journal of Epidemiology and Community Health,* 74(11), 964 - 968.

BBC. (2021, May 17). COVID-19 in the UK. How many coronavirus cases are there in your area? *BBC News*. https://www.bbc.co.uk/news/uk-51768274

Cite as:
Misca, G., Walker, J. and Thornton, G. (2022) Families and the COVID-19 pandemic: Perspectives from the UK, in Fronek, P and Rotabi, K. S. (eds*) Social work in health emergencies: a global perspective*. (Routledge).

CWJ. (2020). *COVID-19 and the surge in domestic abuse in the UK.* Centre for Women's Justice https://www.centreforwomensjustice.org.uk/new-blog-1/2020/11/10/covid-19-and-surge-in-domestic-abuse-in-uk

Chen, J. T. & Krieger, N. (2020). *Revealing the unequal burden of COVID-19 by income, race/ ethnicity, and household crowding: US county vs ZIP code analyses. Harvard Center for Population and Development Studies Working Paper Series 21 Apr 2020*. 19 (1). https://tinyurl.com/ya44we2r

Cheng, Z., Mendolia, S., Paloyo, A. R., Savage, D. A., & Tani, M. (2021). Working parents, financial insecurity, and childcare: Mental health in the time of COVID-19 in the UK. *Review of Economics of the Household*, 19: 123–144. https://doi.org/10.1007/s11150-020-09538-3

Children's Commissioner. (2020). *Childhood in the time of COVID*. Children's Commissioner for England. https://www.childrenscommissioner.gov.uk/report/childhood-in-the-time-of-covid/

Codagnone, C., Bogliacino, F., Gómez, C., Charris, R.., Montealegre, F., Liva, G., Lupiáñez-Villanueva, L., Folkvord, F. & Veltri, G. A. (2020). Assessing concerns for the economic consequence of the COVID-19 response and mental health problems associated with economic vulnerability and negative economic shock in Italy, Spain, and the United Kingdom. *PLoS ONE.* https://doi.org/10.1371/journal.pone.0240876

Commission on Race and Ethnic Disparities (2021) *Report 2021.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331_-_CRED_Report_-_FINAL_-_Web_Accessible.pdf

Co-Op Funeralcare. (2020, July 4) A nation in mourning report: Is the UK heading towards a grief pandemic? *Co-op Funeralcare Media Report*. https://www.coop.co.uk/funeralcare/nationinmourning

Crescentini, C., Feruglio, S., Matiz, A., Paschetto, A., Vidal, E., Cogo, P., & Fabbro, F. (2020). Stuck outside and inside: An exploratory study on the effects of the COVID-19 outbreak on Italian parents and children's internalizing symptoms. *Frontiers in Psychology*. https://doi.org/10.3389/fpsyg.2020.586074

Daly, M., Sutin, A., & Robinson, E. (2020). Longitudinal changes in mental health and the COVID-19 pandemic: Evidence from the UK Household Longitudinal Study. *Psychological Medicine*. https://doi.org/10.1017/S0033291720004432

Evandrou, M., Falkingham, J., Qin, M., & Vlachantoni, A. (2021). Changing living arrangements and stress during Covid-19 lockdown: Evidence from four birth cohorts in the UK. *SSM - Population Health*, 13, 100761. https://doi.org/10.1016/j.ssmph.2021.100761

Fegert, J.M., Vitiello. B., Plener, P., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health.* https://doi.org/10.1186/s13034-020-00329-3

ICNARC. (2020, April 17). *Report on COVID-19 in critical care*. London: Intensive Care National Audit and Research Centre. https://www.icnarc.org/

Kinmond, K. (2020, June 19) *Coronavirus: The impact of shielding on mental health and wellbeing*. British Association of Counselling and Psychotherapy. https://www.bacp.co.uk/news/news-from-bacp/2020/19-june-coronavirus-the-impact-of-shielding-on-mental-health-and-wellbeing/

Kousoulis, A., McDaid, S., Crepaz-Keay, D., Solomon, S., Lombardo, C., Yap, J., et al. (2020, July). *Coronavirus: The divergence of mental health experiences during the pandemic.* Mental Health Foundation. https://www.mentalhealth.org.uk/coronavirus/divergence-mental-healthexperiences-during-pandemic

Kumar, A. (2020). COVID-19 and domestic violence: A possible public health crisis. *Journal of Health Management,* 22 (2), 192-196.

Kumar, A. & Nayar R. (2020). COVID 19 and its mental health consequences. *Journal of Mental Health,* 30 (1). https://doi.org/10.1080/09638237.2020.1757052

Kusin, S. & Choo, E. (2021). Parenting in the time of COVID-19. The Lancet. 397 (10269). https://doi.org/10.1016/S0140-6736(20)32755-0

Li, W.-H., Feng, Z., Xu, L., Cheng, P., Zhang, L., & Li, L.-J. (2020). The psychological impact of COVID-19 on the families of first-line rescuers. *Indian Journal of Psychiatry*, 62(9), 438-444.

Mental Health Foundation (2020). *Wave 8: Late November 2020.* https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/key-statistics-wave-8

Mental Health Foundation. (2021). *Loneliness during coronavirus.* https://www.mentalhealth.org.uk/coronavirus/loneliness-during-coronavirus

Misca, G. (2020, September 28). *Families un-locked: New study exploring the long-term impacts of the pandemic on families and relationships.*

https://www.worcester.ac.uk/about/news/2020-families-un-locked-new-study-exploring-the-long-term-impacts-of-the-pandemic-on-families-and-relationships

Misca, G. (2021). *Study finds lasting impacts on families during COVID-19 pandemic*. https://www.worcester.ac.uk/about/news/academic-blog/study-finds-lasting-impacts-on-families-during-covid-19-pandemic.aspx

Misca, G., & Thornton, G. (2021). Navigating the same storm but not in the same boat: Mental health vulnerability and coping in women university students during the first COVID-19 lockdown in the UK. *Frontiers in Psychology*. https://doi.org/10.3389/fpsyg.2021.648533

Romero, E., López-Romero, L., Domínguez-Álvarez, B., Villar, P., & Gómez-Fraguela, J. A. (2020). Testing the effects of COVID-19 confinement in Spanish children: The role of parents' distress, emotional problems and specific parenting. *International Journal of Environmental Research and Public Health*, 17(19). https://doi.org/10.3390/ijerph17196975

SCOPE. (2021, March 18). *The impact of shielding will continue long after the roadmap finishes* https://www.scope.org.uk/news-and-stories/lasting-impact-of-one-year-shielding/

Sharma, A. & Borah, S. B. (2020) COVID-19 and domestic violence: An indirect path to social and economic crisis. *Journal of Family Violence*. https://doi.org/10.1007/s10896-020-00188-8

The Centre for the Study of Christianity and Culture. (2021). *Churches, Covid-19 and communities; Experiences, needs, and supporting recovery*. University of York https://churchesandcovid.org

The Office for National Statistics. (ONS). *Coronavirus and the social impacts on Great Britain: 19 June 2020.* https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/19june2020

Walsh, F. (2020). Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *FamilyPprocess*, 59(3), 898–911.

Walsh, F. (2016). Applying a family resilience framework in training, practice, and research: mastering the art of the possible. *Family Process,* 55, 616–632.

Welby, J. (2018). *Reimagining Britain: Foundations for Hope.* Great Britain: Bloomsbury Continuum.

Westcott, K.A., Wilkins, F., Chancellor, A., Anderson, A., Doe, S., Echevarria, C., & Bourke, S.J. (2021). The impact of COVID-19 shielding on the wellbeing, mental health and treatment adherence of adults with cystic fibrosis. *Future Healthcare Journal*. https://doi.org/10.7861/fhj.2020-0205

Cite as:
Misca, G., Walker, J. and Thornton, G. (2022) Families and the COVID-19 pandemic: Perspectives from the UK, in Fronek, P and Rotabi, K. S. (eds*) Social work in health emergencies: a global perspective*. (Routledge).

WHO. (2020, April 15). *Coronavirus disease 2019 (COVID-19) Situation report, 86.* World Health Organization. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200415-sitrep-86-covid-19.pdf?sfvrsn=c615ea20_6

Xue B., & McMunn, A. (2021). Gender differences in unpaid care work and psychological distress in the UK Covid-19 lockdown. *PLoS ONE* 16(3). https://doi.org/10.1371/journal.pone.0247959